

**Elaine S. LeVine, Ph.D., ABMP***Prescribing Psychologist Licensed in Child & Family Therapy*

Elaine S. LeVine, Ph.D., ABMP  
eslevine@hotmail.com  
Martin G. Greer, Ph.D.  
Michael Pitts, Psy.D.  
David C. Holcomb, Ph.D.  
Kevin M. McGuinness, Ph.D., M.S., ABPP  
Marlin Hoover, Ph.D., M.S., ABPP  
Lia Billington, Ph.D.  
Margaret Swaim, LPCC

February 7, 2011

Dear Legislators,

As a prescribing, medical psychologist in New Mexico, I am writing you to support the prescribing psychologist' legislation coming before your legislature. I believe that New Mexico has data to present to your state that clearly indicates the value of prescribing psychologists' legislation.

A major reason our legislation passed in New Mexico is because of lack of services, particularly in the rural areas. However, the legislation was also spurred forward by many of our citizens' belief that mental health care can be better provided when psychotherapy and medication management are combined. Psychologists trained in psychopharmacology have the unique ability to use many clinical diagnostic and treatment techniques to help patients, so that patients require a minimum amount of medication. Consequently, side effects and drug interactions can be minimized, and therapeutic gains can be maximized.

Attached to this letter is a summary of our successes in New Mexico so far. New Mexico would be very proud if your state would join New Mexico in our efforts to find the most competent and available mental health care for Americans by your support of a Prescribing Psychologists' Act.

Sincerely yours,

*Elaine S. LeVine, Ph.D., ABMP*

Elaine S. LeVine, Ph.D., ABPP  
Prescribing Psychologist

## **Prescriptive Authority Success in New Mexico**

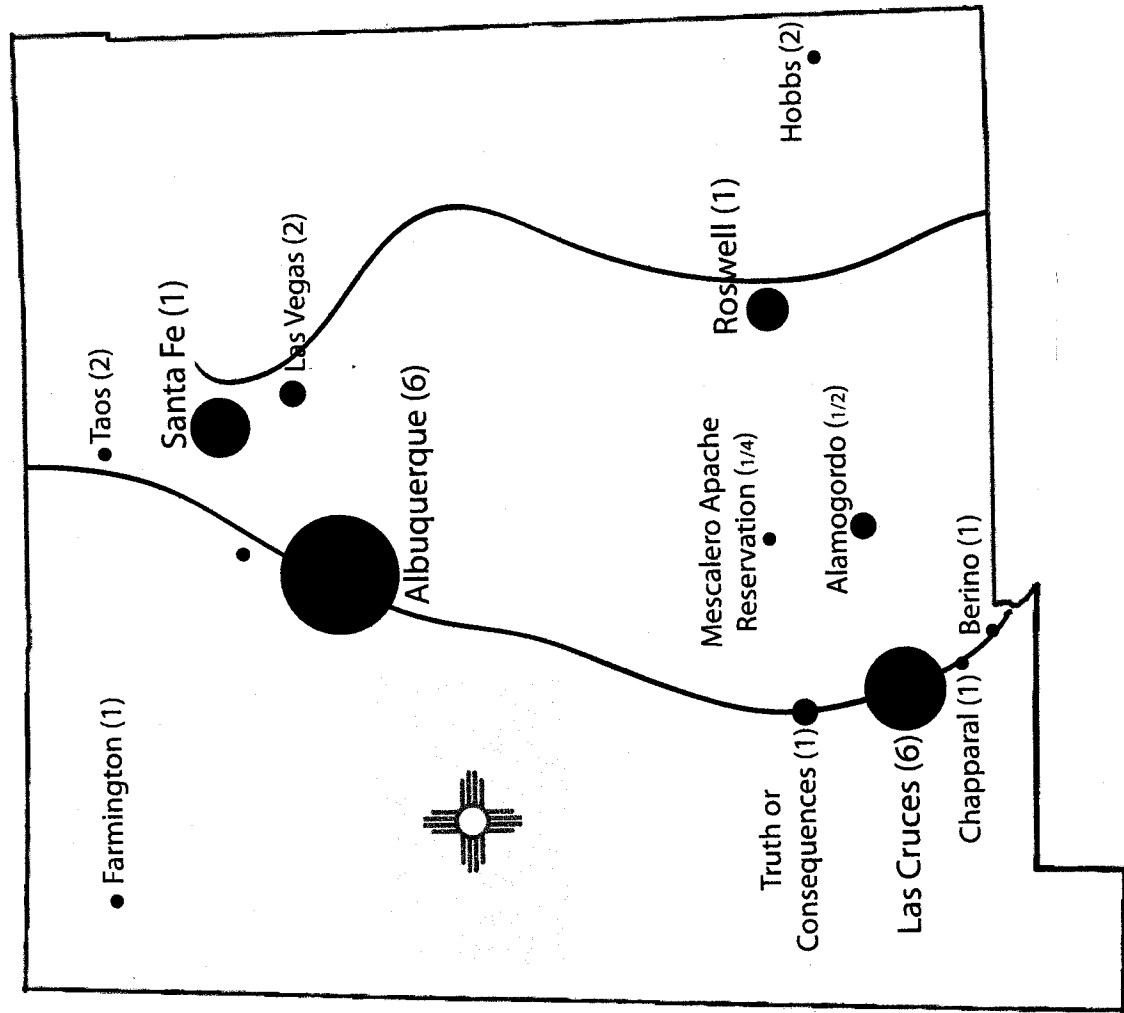
There are now twenty-nine prescribing, medical psychologists licensed through New Mexico and approximately thirty more in the pipeline. They are located throughout New Mexico in many underserved communities in integrated health settings, as well as in behavioral clinics. Several individuals have obtained a license through New Mexico and are now serving underserved populations in the IHS in Montana and South Dakota and in the military, as shown on the attached map. Here are some of the major ways in which the prescribing, medical psychologists are meeting the needs of New Mexico citizens:

1. These psychologists have been writing prescriptions since 2004 with no significant untoward effects and no complaints to the New Mexico Licensing Board
2. These psychologists have reduced medication for a number of patients by identifying more appropriate medications, and by implementing behavioral and psychotherapeutic techniques
3. Several of the prescribing, medical psychologists work with children, and a primary accomplishment has been to unprescribe multiple medications given to children and to utilize less intrusive means of assisting them
4. These prescribing, medical psychologists report success in diminishing the use of many pain medications by chronic pain patients
5. Because of their advanced training in pathophysiology, each of these prescribing, medical psychologists can document cases in which they have helped primary care physicians to diagnose underlying medical conditions that presented as psychological symptoms
6. These prescribing, medical psychologists are located in rural areas throughout New Mexico. One is working in a health clinic in Truth or Consequences, New Mexico; another with children in Bernalillo County. Yet another works with a migrant population in Berino, New Mexico. Several are serving Medicaid and elderly patients through federally qualified health clinics in Chaparral and Northern New Mexico. Some are working as behavior specialists in family practice residency programs. Still, others are working with Native American populations in reservation settings.
7. These prescribing, medical psychologists are interfacing with physicians in primary care in a number of critical ways. One of the prescribing, medical psychologists is working as the Medical Behavioral specialist at a Family Practice Residency Training Program. Another is working along side of a psychiatrist at a rural health clinic providing psychotropic evaluation and treatment to a seriously emotionally disturbed population

8. The Prescribing Psychologists' Act has been effective in encouraging other psychologists to move to New Mexico. Presently, two of the seven prescribing, medical psychologists completed their training outside of New Mexico and are moving to New Mexico in order to practice from this biopsychosocial model of care
9. Even as part of the training, these psychologists are extending care to needed populations by providing pro bono work at their internship sites. They are providing critically needed psychological services while obtaining experience and supervision prescribing psychotropics in federally qualified community health centers, school based clinics, shelters for battered women, residential treatment homes for the elderly and other underserved settings.

With over 50 psychologists who have completed academic training in psychopharmacology in New Mexico, and other trained prescribing psychologists moving to New Mexico, the Prescribing Psychologists' Act is offering a safe and effective way to provide more available care to the many underserved citizens of the State.

# Distribution of Prescribing Psychologists Licensed Through New Mexico



Other States with Practicing  
Prescribing Psychologists  
Licensed Through NM:

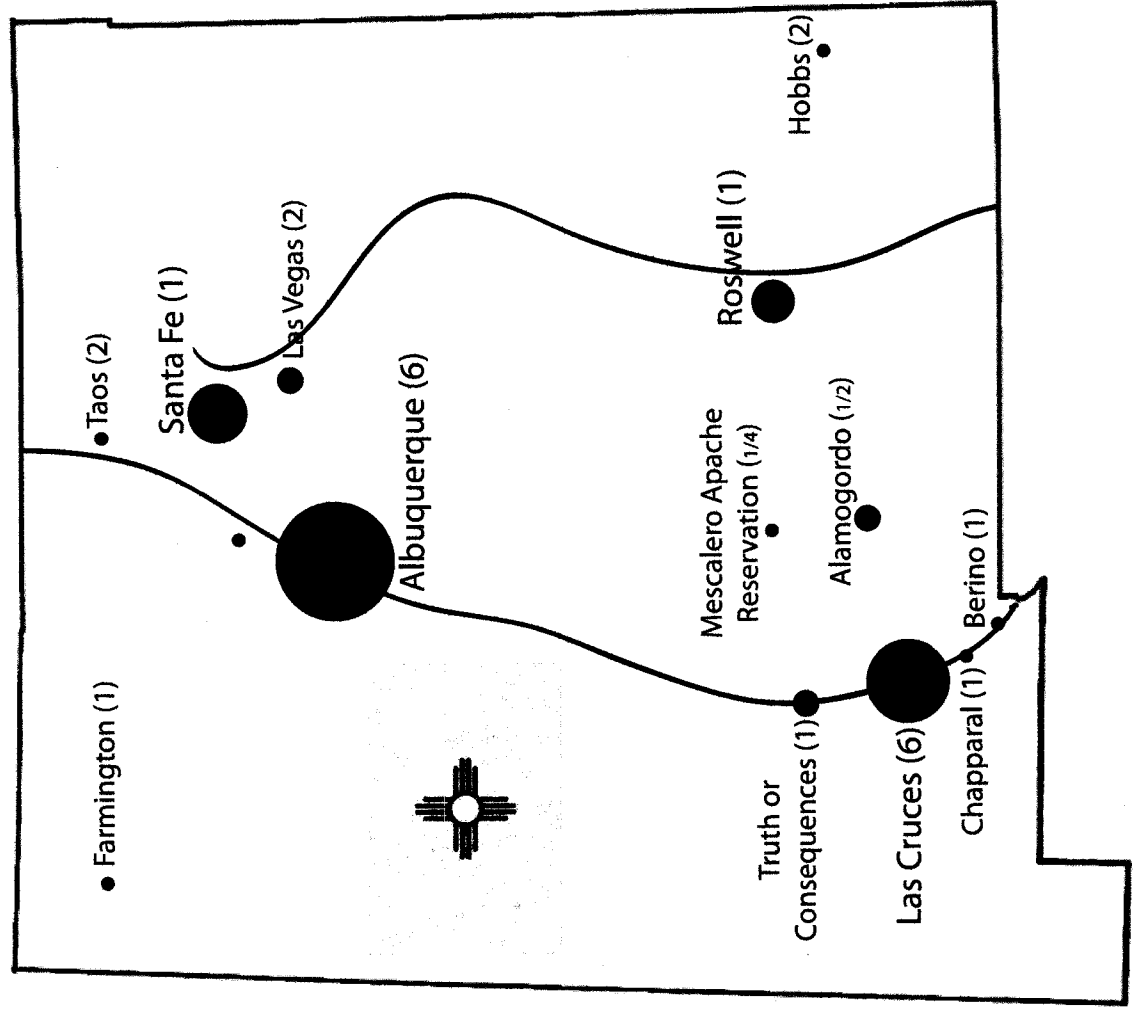
- Montana (1)
- North Dakota (1)
- Texas (1)
- Washington (1)

## Legend

(x) Number of FTE prescribers

● Size of dot proportional  
to population density

# Distribution of Prescribing Psychologists Licensed Through New Mexico



Other States with Practicing  
Prescribing Psychologists  
Licensed Through NM:

- Montana (1)
- North Dakota (1)
- Texas (1)
- Washington (1)

## Legend

(x) Number of FTE prescribers

● Size of dot proportional  
to population density

Elaine S. LeVine, Ph.D., ABMP  
Prescribing Psychologist  
1395 Missouri Avenue  
Las Cruces, NM 88011

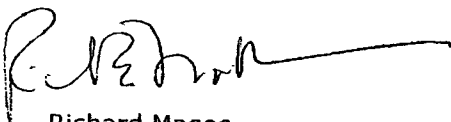
Dear Dr. LeVine:

When I was referred to you for psychotherapy right after my family's horrific tragedy, what I expected the usual psychological therapy to help me get through my depression and grief. I was pleasantly surprised, however, to learn that you are a prescribing psychologist and therefore qualified to prescribe and monitor psychoactive medicines whilst simultaneously providing what is usually referred to as "talk therapy."

This has worked out marvelously for me. Not only have you been extremely careful in prescribing medicines, always making sure that I understand what they do and what kinds of side-effects they may have, you have masterfully coupled this with the kind of listening and analysis no one I know who only sees a psychiatrist receives. You have a very empathic and gentle manner and have demonstrated a genuine interest in me as a human being, and for this I am extremely grateful.

I say this as one with extensive experience with NAMI (past president of NAMI-DAC, past board member of NAMI New Mexico, and instructor in NAMI's "Family-to-Family" course for those who have loved ones with a diagnosed mental illness). Before being referred to you, I had heard a lot of chatter about how it was a mistake to certify psychologists – even with the extensive training and mentoring such certification requires – as prescribing psychologists. The reasons varied: they were trying to horn in on the work of psychiatrists, they weren't medical doctors and therefore not qualified to prescribe, and were guilty of old and discredited notions such as the "schizophrenogenic mother (an idea generated not by psychologists but by Theodore Lidz, an early 20<sup>th</sup> Century psychiatrist with a bias against the biological model of mental illness). And while I personally supported the idea of prescribing psychologists as a creative and sensible idea, given the paucity of mental health providers in our very poor part of the country, my support was intellectual, not experiential. Now, with the experience I've had with you as a prescribing psychologist, I can attest first hand to its importance as an important part of the provider network for those suffering from mental illness.

Thank you for your kind, understanding, and highly professional help in what have been very dark days in my life.



Richard Magee  
4403 Sandalwood Dr.  
Las Cruces, NM 88011  
575-521-3852

## ROBERT SHERRILL, JR., Ph.D.

PRESCRIBING PSYCHOLOGIST  
NEUROPSYCHOLOGICAL ASSESSMENT

Michael Butz, PhD  
Montana Psychological Association  
36 S. Last Chance Gulch, Suite A  
Helena, Montana 59601

22 January 2011

Dear Dr. Butz:

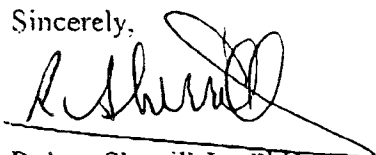
Prescribing psychologists have been licensed in New Mexico since 2005. I have been the chair of the state Board of Psychologist Examiners since November 2006.

When the New Mexico Legislature was considering the bill to permit psychologists to qualify for prescribing privileges, opponents made grim predictions of harm to the public. One legislator, a physician, was quoted as saying, "patients will die". This has not occurred. Over the past five years there have been no complaints at all to the Board of Psychologist Examiners of patients having been harmed by prescribing psychologists. None. Also, there have been no allegations of improper or inappropriate prescribing which have been verified after review by the state Board of Pharmacy.

Prescribing psychologists have improved access to the full range of mental health care in New Mexico in a variety of underserved locations and settings. These include: small general hospitals which lack a staff psychiatrist; the state psychiatric hospital; rehabilitation centers; county jails; small mental health clinics; and substance-abuse treatment programs.

Because Montana's population is dispersed over a very wide geographic area, like New Mexico's, prescribing psychologists can be especially valuable in providing services to persons with chronic, serious mental illnesses who otherwise would have to travel long distances to receive care from providers who specialize in emotional disorders. For example, I work in a small city on the edge of the vast Navajo reservation. In my consulting at our county jail, I frequently see Native Americans with schizophrenia or bipolar disorder who have "fallen through the cracks" because of the long distances they must travel in order to see a provider. I also see many non-Natives who have had difficulty gaining access to treatment (it takes about two months for an initial appointment with a psychiatrist here), who get arrested for offenses related to their dual diagnoses of substance abuse and serious emotional disorder. With stabilization of their condition, they can then be referred to a substance abuse program or Treatment Court, rather than remaining in jail, or being sent to prison.

Sincerely,



Robert Sherrill Jr., PhD